

Division of Substance Abuse  
Kentucky DUI T.I.P.S. Section  
100 Fair Oaks Lane, 4E-D  
Frankfort, Kentucky 40621-0001  
(502) 564-9208  
FAX (502) 564-7152

**APPLICATION FOR DUI PROGRAM CERTIFICATION**

**Program Information**

Name: \_\_\_\_\_ Program Code: \_\_\_\_\_

DUI Program Administrator: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Location of Program Files: \_\_\_\_\_  
(If multiple locations attach addendum) \_\_\_\_\_ Street Address \_\_\_\_\_

City

State

Zip

Program Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_

Type of Program (check appropriate block or blocks) ☐ Privately Owned  
☐ For Profit Status  
☐ Non-Profit Status  
☐ Publicly owned

Privately Owned (Please list names of owner(s)/partners): \_\_\_\_\_

Publicly Owned (List name of executive director): \_\_\_\_\_

Is this program licensed as an AODE? ☐ Yes ☐ No

License number: \_\_\_\_\_

Type of license: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If program is not licensed have you applied? ☐ Yes ☐ No

Have you had prior DUI program certification in Kentucky? ☐ Yes ☐ No

If yes, what was the name of the previously certified program? \_\_\_\_\_

Reason for closure: \_\_\_\_\_

## Applicant's Statement

This is to certify that I am applying for certification to operate a DUI program. The answers to the foregoing questions are complete and to the best of my knowledge. In the event information provided must be changed, **I will provide written notice of these changes to the Division of Substance Abuse** in accordance with administrative regulation 908 KAR 1:310. I authorize the investigation of all statements contained in this application as may be necessary to make a decision regarding eligibility for DUI program certification.

I have read administrative regulation 908 KAR 1:310 and understand that I am responsible for complying with all program requirements. I further understand and agree to comply with the following additional rules:

1. No judge, probation & parole officer, law enforcement officer, court employee, officer of the court, corrections officer or employee of the Kentucky Division of Substance Abuse, shall be an owner, operator, or employee in this certified DUI program.
2. No owner, operator or employee of this certified DUI program shall knowingly misrepresent the policies or philosophies of the Division of Substance Abuse.
3. No owner, operator or employee of this certified DUI program shall engage in unethical practices and the owner, operator and employees shall agree to abide by the following code of ethics.

## Code of Ethics

4. The owner, operator and employees of a certified DUI program shall:
  - a. Protect the welfare of a client and respect the rights of persons seeking assistance;
  - b. Not discriminate against or refuse service to an individual on the basis of race, gender, religion, national origin, disability or sexual orientation;
  - c. Not engage in a dual relationship with a client that may impair professional judgment or exploit the client;
  - d. Not continue to deliver services unless a client is benefited therapeutically;
  - e. Respect and guard the confidences of a client;
  - f. Maintain standards of professional competence and integrity and comply with all the policies and procedures of this certified DUI program; and
  - g. Agree to protect a client's confidentiality by keeping all records, materials and knowledge concerning the client confidential and not releasing any information about the client without the written consent of the client or a court order.

Signature

Date \_\_\_\_\_

Title

**For DSA Use Only**

Application: ☐ Approved ☐ Denied Date: \_\_\_\_\_

Program Certification Expires: \_\_\_\_\_

MM                      DD                      YY

Coordinator's Initials: